

From: Pam Bailey
To: Scott Breimeister; Leonard Carr; Brian
Cc: Brad Madrid
Subject: Mrs Swiencinski
Date: Thursday, April 23, 2015 11:56:02 AM
Attachments: image001.png
 image003.png
Importance: High

Online Billing (D.O) Response Rx711819																																			
Claim Paid	Amount of copay	285.00	Amounts Submitted Ingredient Cost (D9): \$2,938.21 Dispensing fee (DC): \$4.50 Incentive Amount (E3): \$0.00 Prof. Service Fee (BE): \$0.00 Percent sales tax (GE): \$0.00 Gross amount due (DU): \$2,942.71																																
	Ingredient cost paid	\$685.29																																	
	Dispensing fee paid	\$0.75																																	
	Incentive paid	\$0.00																																	
	Prof. fee paid	\$0.00																																	
	Sales tax paid	\$0.00																																	
	Other amt. paid	\$0.00																																	
	Total paid by Ins.	\$401.04																																	
	Total			\$686.04																															
	Pharmacy Cost:			\$0																															
Other Information: Ingredient cost paid = \$685.29 Dispensing fee paid = \$.75 Flat sales tax amount paid = \$0.00 Percentage sales tax amount paid = \$0.00 Total amount paid = \$401.04 Basis of reimbursement determination = 8 Accumulated deductible amount = \$250 Amount applied to periodic deductible = \$250 Amount of coinsurance = \$35.00 Benefit stage count = 2 Benefit stage qualifier = 01 Benefit stage amount = \$250.00 Benefit stage qualifier = 02 Benefit stage amount = \$436.04																																			
<table border="0"> <tr> <td>Patient</td> <td>SWIENCINSKI, SHARON</td> <td>Patient DOB</td> <td>[REDACTED]</td> <td>Pat. Zip</td> <td>22033</td> <td>Date filled</td> <td>4/23/2015</td> </tr> <tr> <td>Rx</td> <td>711819</td> <td>Cardholder ID</td> <td>90544711401</td> <td>Group #</td> <td>CVTYRTL</td> <td>Service/Prov. ID</td> <td>1023363165</td> </tr> <tr> <td>Insurance</td> <td>610014 MEDCO MEDICARE</td> <td></td> <td></td> <td>Phone(s)</td> <td>800-922-1557</td> <td>BIN / PCN</td> <td>"610014" "MEDDPRIME"</td> </tr> <tr> <td>Qty & Drug</td> <td>300 SF-03 LOTION</td> <td></td> <td></td> <td></td> <td></td> <td>Billing NDC</td> <td></td> </tr> </table>				Patient	SWIENCINSKI, SHARON	Patient DOB	[REDACTED]	Pat. Zip	22033	Date filled	4/23/2015	Rx	711819	Cardholder ID	90544711401	Group #	CVTYRTL	Service/Prov. ID	1023363165	Insurance	610014 MEDCO MEDICARE			Phone(s)	800-922-1557	BIN / PCN	"610014" "MEDDPRIME"	Qty & Drug	300 SF-03 LOTION					Billing NDC	
Patient	SWIENCINSKI, SHARON	Patient DOB	[REDACTED]	Pat. Zip	22033	Date filled	4/23/2015																												
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<div> <input type="button" value="Accept payment"/> <input type="button" value="Reversal"/> <input type="button" value="DUR info."/> <input type="button" value="View claim details"/> <input type="button" value="Print claim text"/> </div>																																			

She has a \$250 deductible so looking at her claim which is processed through Medco he profit is only \$230 and change.
 Dul 30mg
 No gabapentin

GOVERNMENT
 EXHIBIT
1058
 4:18-CR-368

Online Billing (D.O) Response Rx711819			
Claim Paid		Amount of copay	285.00
		Ingredient cost paid	\$723.27
		Dispensing fee paid	\$0.75
		Incentive paid	\$0.00
		Prof. fee paid	\$0.00
		Sales tax paid	\$0.00
		Other amt. paid	\$0.00
		Total paid by Ins.	\$439.02
		Total	\$724.02
Auth. #/claim ref. # WQ9C1DM		Amounts Submitted Ingredient Cost (D9): \$3,356.24 Dispensing fee (DC): \$4.50 Incentive Amount (E3): \$0.00 Prof. Service Fee (BE): \$0.00 Percent sales tax (GE): \$0.00 Gross amount due (DU): \$3,360.74	
Other Information:		Pharmacy Cost: \$0	
Additional Message Information(from PBM): MANUAL DUR NECESSARY Group id = CVH131S5768SD Network reimbursement id = 123 Transaction response status = P Authorization Number = WQ9C1DM Prescription/service reference number qualifier = 1 Prescription/service reference number = 711819 Patient pay amount = \$285 Ingredient cost paid = \$723.27 Dispensing fee paid = \$.75 Flat sales tax amount paid = \$0.00 Percentage sales tax amount paid = \$0.00 Total amount paid = \$439.02			
Patient	SWENCINSKI, SHARON	Patient DOB	[REDACTED]
Rx	711819	Cardholder ID	90544711401
Insurance	610014 MEDCO MEDICARE	Pat. Zip	22033
Qty & Drug	300 SF-03 LOTION	Group #	CVTYRTL
		Phone(s)	800-922-1557
		Person #	
		Date filled	4/23/2015
		Service/Prov. ID	1023363165
		BIN / PCN	"610014" "MEDDPRIME"
		Billing NDC	
Accept payment		Reversal	
DUR info.		View claim details	
		Print claim text	

With gabapentin
Profit is \$370.26

I will look at other things to add

Also I will process Mrs. Martin's to see what hers is.



Pamela J. Bailey CPhT | Claims Processing / Customer Service Manager | pamela.bailey@omniplushealthcare.com | (832) 742-8382 direct | (713) 874-0300 pharmacy | (713) 874-0314 fax
4916 Main Street, #100, Houston, TX 77002 | www.omniplushealthcare.com

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